

2020 EE Installer Annual Recertification under 83 IL Adm. Code

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ILLINOIS COMMERCE COMMISSION
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OFFICIAL FILE

ILLINOIS COMMERCE COMMISSION

Section 462.70(a):

1. Please provide the name of the company/entity as it appears in the most recent Commission order granting the certificate to install energy efficiency measures.

Company Name¹: Showalter Electric

ICC Docket # for certification¹ 17-0983

ORIGINAL

Section 462.70(c)(4):

2. Please provide the name, telephone number, email address and mailing address of at least one person designated by the certificate holder to address questions pertaining to the Recertification Report.

Name: Drew Showalter

Mailing Address:

915 E. CO. RD 1170N
Mattoon IL 61938

Telephone Number:

217-273-4907

Email Address:

Showalter_Electric@yahoo.com

Section 462.70(c)(3):

3. Please provide the total number of residential electric energy efficiency measures (regardless of utility rebate or incentive value) installed in calendar year 2019

1

4. Please provide the total number of commercial electric energy efficiency measures (regardless of utility rebate or incentive value) installed in calendar year 2019

1

¹ If you are unsure, you can search for the name and docket number at <https://www.icc.illinois.gov/utility/default.aspx?ats=28>. The docket number is 2 digits followed by a dash followed by four digits. The first two digits correspond to the year your application was received.

EE Installer Recertification Report: To be submitted annually by June 1

Section 462.70(c)(1) and (2):

Showalter Electric

Certificate Holder, [ENTER COMPANY NAME AS IT APPEARS IN THE COMMISSION ORDER], continues to maintain the required qualifications for the service authority granted in its certificate.

Showalter Electric

Certificate Holder, [ENTER COMPANY NAME AS IT APPEARS IN THE COMMISSION ORDER], continues to comply with the requirements set forth in Illinois Adm. Code Part 462 and Sections 16-128(a) and 16-128B of the Public Utilities Act.

I certify that all the information provided in this annual report is true, correct, and complete to the best of my knowledge, information, and belief.

Drew Showalter

Signature

Drew Showalter

Name

Owner

Position Held

217-273-4907

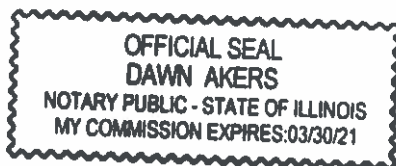
Contact Phone #

Subscribed and sworn before me

This *12th* day of *October* 2020.

Dawn Akers

Notary Public



ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/13/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER 22-Diamond Bros.-Mattoon 1220 Charleston Avenue P.O. Box 1006 Mattoon, IL 61938		CONTACT NAME: PHONE (A/C, No, Ext): 217 234-2300 FAX (A/C, No): 2172586846 E-MAIL ADDRESS:	
INSURED Showalter Electric James, Melissa & James II Showalter DBA 915 E CR 1170N Mattoon, IL 61938		INSURER(S) AFFORDING COVERAGE INSURER A: Acuity A Mutual Insurance Company NAIC # 14184 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PD Ded:250 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		X82952	11/08/2019	11/08/2020	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$250,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY		X82952	11/08/2019	11/08/2020	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		X82952	11/08/2019	11/08/2020	EACH OCCURRENCE \$3,000,000 AGGREGATE \$3,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	X82952	11/08/2019	11/08/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

Illinois Commerce Commission,
 Policy Program
 EE Installer Certification, 527
 E Capitol Avenue
 Springfield, IL 62701

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

